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Bib Data Sheet

CONFIRMATION NO. 5880

SERIAL NUMBER 10/726,464	FILING DATE 12/03/2003  RULE	CLASS 428	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 297912006402
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/523,817 03/13/2000 PAT 6,746,425  
 which is a CIP of 08/873,413 06/12/1997 ABN  
 which claims benefit of 60/019,931 06/14/1996 *mm 11/8/05*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*NONE mm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 03/04/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *mm*  
 Examiner's Signature Initials

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TITLE  
 Medical balloon

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